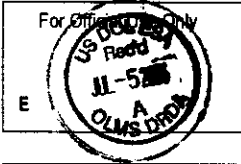


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2614</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>ROBERT H GROM</u> P.O. Box, Bldg., Room No., if any <u>SUITE B</u> Street <u>540 EAST MCNAB ROAD</u> City <u>POMPANO BEACH</u> State <u>FLORIDA</u> ZIP Code + 4 <u>33060</u>	4. Name, file number, and address of labor organization. Name <u>MASTERS, MATES & PILOTS</u> Labor Organization File Number <u>000-162</u> P.O. Box, Building and Room Number, if any Street <u>700 MARITIME BLVD SUITE A</u> City <u>LINTHICUM HEIGHTS</u> State <u>MARYLAND</u> ZIP Code + 4 <u>21090-0913</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>6/27/05</u> <u>954-254-6147</u> Date Telephone Number

Name of Person Filing	ROBERT H. GROH	File Number U-	264
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>THE SEGAL COMPANY</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>ONE PARK AVE</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>10016</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>MASTERS, MATEES & PILOS B.P.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>700 MARITIME BLVD SUITE A</u></p> <p>City <u>LINTICUM HEIGHTS</u></p> <p>State <u>MARYLAND</u> ZIP Code + 4 <u>21090</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>BUSINESS LISTED IN #8 ABOVE PROVIDES ACTUARIAL SERVICES TO BENEFIT TRUST PLANS. I AM A PARTICIPANT & A TRUSTEE ON THESE PLANS.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>APPROX 150,000 PER YR.</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>COST OF DINNER SPONSORED DURING TRUST MEETINGS HELD ON JAN 2004, THE APPROXIMATE COST WAS \$124.00</u></p> <p>12.b. Amount. <u>\$124.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: <u>NA</u></p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p><u>NA</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing	ROBERT H. GROH	File Number U-	2614
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>BANK OF NEW YORK</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>ONE WALL STREET</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>10286</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>MASTERS, MATES & PILOTS BENEFIT</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>700 MARITIME BLVD SUITE A</u></p> <p>City <u>LINTHICUM HEIGHTS</u></p> <p>State <u>MARYLAND</u> ZIP Code + 4 <u>21090</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>BUSINESS LISTED IN #8 ABOVE PROVIDES FINANCIAL CUSTODY SERVICES TO THE BENEFIT TRUST PLANS. I AM A TRUSTEE & PARTICIPANT IN THESE PLANS.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>APPROX 800 MILLION</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>COST OF DINNER SPONSORED DURING TRUST MEETINGS HELD IN MAY 2004. THE APPROX COST WAS \$150 -</u></p> <p>12.b. Amount. <u>\$150.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: <u>NA</u></p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p><u>NA</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing	ROBERT H. GROH	File Number U-	264
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name STEPH & JOHNSON
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 1330 CONNECTICUT AVE N.W.
City WASHINGTON
State D.C. ZIP Code + 4 20036

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MASTERS, MATE & ROOTS BENEFIT PLANS
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 700 MARITIME BLVD SUITE A
City LINTHICUM HEIGHTS
State MARYLAND ZIP Code + 4 21090

11.a. Nature of such dealing.

BUSINESS LISTED IN #8 ABOVE PROVIDES LEGAL SERVICES TO THE BENEFIT TRUST PLANS. I AM A PARTICIPANT & TRUSTEE ON THESE PLANS.

11.b. Approximate dollar value of such dealing.

APPROX \$400,000 PER YR.

12.a. Nature of interest held or income received.

COST OF DINNER SPONSORED DURING TRUST MEETINGS HELD SEPT 2004, THE APPROX. COST WAS \$138.06

12.b. Amount.

\$138.06

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: NA
P.O. Box, Bldg., Room No., if any: _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

NA

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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